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A dream with consequences

In the spring of 2004 all departments in the hospital I work(ed) in had to be trained in the art of making annual plans. An annual plan must meet the SMART requirements: Specific, Measurable, Acceptable, Realistic and Time-bound. Writing such an annual plan, we learned, starts with dreams and articulating these those dreams in a SMART way. In groups of three we told each other stories about our dreams, and then we had to make the dream SMART.

Initially the atmosphere was somewhat giggly. What could the minister have been dreaming about? A full church hall on Sunday, a convert on Monday? But the minister had a different dream. Up to that moment spiritual care, on paper, had been a service integrated into patient care practice. The two spiritual caregivers worked territorially and participated in the multidisciplinary meetings on their wards. Reality, however, was a disappointment. The hospital that had been established by the churches forty years earlier accepted and respected the pastors. The senior nurse, or her successor the team leader, was friendly towards the minister and indicated which patients might appreciate a visit from him. The minister then visited those patients and if he had time left over, he would speak to a few other patients. The next day the process was repeated on the next ward. Patients who were in a very serious condition were visited more often.

My dream on that training day was 'that there is a moment of spiritual care for every patient every day', 'But of course this dream,' I continued in the same breath, 'is an illusion, for it can never be made SMART. It is only possible if all nurses are trained to provide such care.' The two other persons in my group did not want to accept my reservations and within the space of forty-five minutes my dream became Specific, Measurable, Acceptable, Realistic, and Time-bound. So there was a plan. Although it 'needed some fleshing out', the nurses of two Specific wards would be trained. The desired effect, daily spiritual care for all patients on those wards, would be Measurable. The plan was Acceptable to all sides (the funds would be found somehow). In this set-up the plan was definitely Realistic. Within a Timeframe of one year, training of the nurses on the wards would be completed. After the day of training I started thinking about how I could realize my dream. I quickly found out that what I called 'geestelijke verzorging by nurses' was also

referred to as spiritual care¹. The dream was not as extraordinary as I had thought. Worldwide there were countless people sharing my dream about nurses providing spiritual care. As it turned out, there had been extensive reflection on the subject as well as action.

In the Netherlands the Prof.dr. G.A. Lindeboom Institute and Reliëf, a Christian association of care providers, in particular, appeared to be working on spiritual caregiving by nurses. Based in part on what they offered I wrote a project plan for a 'Spiritual caregiving by nurses' training. The hospital management decided to grant permission for the training under certain conditions, one of which was that the effects of the training were to be studied.

The result is in front of you.

¹ A more or less literal translation of the Dutch 'geestelijke verzorging' is 'spiritual care'. In Dutch the term 'Geestelijke verzorging' refers only to the care provided by a spiritual care specialist (chaplain) to be distinguished from spiritual care provided by other professionals who might be spiritual care providers.